



General Permit Registration Form for the Discharge of Stormwater Associated with Industrial Activity

Please complete this form in accordance with the general permit (DEP-PERD-GP-014) in order to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the registration fee along with this form.

DEP USE ONLY	
Application No.	_____
Permit No.	_____
Facility I.D.	_____

Part I: Registration Type

Enter a check mark in the appropriate box identifying the registration type.

<p>This registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> general permit registration</p> <p><input type="checkbox"/> A replacement of an individual NPDES permit</p> <p><input type="checkbox"/> A renewal of an existing general permit</p> <p><input type="checkbox"/> A <i>modification</i> of an existing general permit</p>	<p>Please identify any previous or existing permit number in the space provided:</p> <p>Existing permit number: _____</p>
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Part II: Fee Information

Effective August 21, 2003, a fee of \$500.00 is to be submitted with <i>each</i> registration that you are submitting. For municipalities, there is no fee. The registration will not be processed without the fee.

Part III: Registrant Information

<p>1. Fill in the name of the registrant(s) as indicated on the <i>Permit Application Transmittal Form</i> (DEP-APP-001):</p> <p>Registrant: _____</p> <p>Phone: _____ ext. _____ Fax: _____</p> <p><input type="checkbox"/> Enter a check mark if there are co-registrants. If so, label and attach additional sheet(s) with the required information as supplied above.</p> <p>Facility Name: _____</p>

Part III: Registrant Information (cont.)

2. List primary contact for departmental correspondence and inquiries, if different than the registrant.			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
3. List property or landowner, if different from registrant or primary contact:			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
5. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration.			
<input type="checkbox"/> Please enter a check mark if additional sheets are necessary, and label and attach them to this sheet.			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	Title:		
Service Provided:			

Part IV: Facility Information

1. Name of Facility, if applicable:			
Street Address or Description of Location:			
City/Town:	State:	Zip Code:	
2. Four Digit Standard Industrial Classification (SIC) Code for Industrial Activities. See Appendix A of the <i>General Permit for the Discharge of Stormwater Associated with Industrial Activity</i> .			
Primary first:	Secondary #s, if applicable:		
and Primary SIC description:			

Part V: Stormwater Discharge Information

<p>1. Number, type, material and size of conveyances, outfalls, or channelized flows that run off the site (e.g. 15" concrete pipe):</p>
<p>2. Where does stormwater discharge to:</p> <p><input type="checkbox"/> Municipal Separate Storm System? <input type="checkbox"/> Yes <input type="checkbox"/> No (Name):</p> <p><input type="checkbox"/> Surface water body or wetlands? <input type="checkbox"/> Yes <input type="checkbox"/> No (Name):</p>
<p>3. <i>For discharges initiated after October 1, 1997 only:</i></p> <p>Is the discharge located less than 500 feet from a tidal wetland, which is not a fresh-tidal wetland?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Name of the watershed where the site is located <i>OR</i> nearest waterbody to which it discharges:</p>
<p>5. Volume of one inch of rainfall runoff from the site for a twenty-four hour, twenty-five year storm, if available:</p>
<p>6. Has the activity been evaluated for consistency with the following DEP programs?</p> <p>a. Coastal Management Act (Section 22a-92 of the Connecticut General Statutes) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Endangered and Threatened Species (Section 26-306 of the Connecticut General Statutes)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Part V: Supporting Documents

Please enter a check mark by the attachment as verification that the applicable attachment has been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name as indicated on the *Permit Application Transmittal Form*.

<p><input type="checkbox"/> Attachment A: An 8 1/2" x 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the facility or site and <i>Latitude and Longitude</i> (DEP-APP-003). Indicate the quadrangle name on the map. (To obtain a copy of the relevant USGS Quadrangle Map, call your town hall or DEP Maps and Publications Sales at 860-424-3555.)</p>
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Part VII: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the Connecticut General Statutes, pursuant to Section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.

I certify that this permit application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I also certify under penalty of law that I have read and understand all conditions of the *General Permit for the Discharge of Stormwater from Industrial Activity* issued on October 1, 2002 (modified July 15, 2003), that all conditions for eligibility for authorization under the general permit are met, all terms and conditions of the general permit are being met for all discharges which have been initiated and are the subject of this registration, and that a system is in place to ensure that all terms and conditions of this general permit will continue to be met for all discharges authorized by this general permit at the site. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly making false statements."

Signature of Registrant

Date

Name of Registrant (print or type)

Title (if applicable)

Signature of Preparer (if different than above)

Date

Name of Preparer (print or type)

Title (if applicable)

Please enter a check mark if additional signatures are necessary.
If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit the *Permit Application Transmittal Form*, the Registration Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127